

# Agricultural and Food Processing Clearance Order

## U.S. Department of Labor Employment and Training Administration



**Read Carefully:** In view of the statutorily established basic function of the employment service as a no-fee labor exchange, that is, as a forum for bringing together employers and job seekers, neither the ETA nor the State agencies are guarantors of the accuracy or truthfulness of information contained on job orders submitted by employers. Nor does any job order accepted or recruited upon by the ES constitute a contractual job offer to which the ETA or a State agency is in any way a party.

OMB Approval No. 1205-0134  
Expires: 07/31/98

1. Industry Code		2. Job Order Number		3. Occupational Title and Code	
4. Employer's Name and Address (Number, Street, City, State, ZIP Code and Telephone Number)				5. Anticipated Period of Employment	
				From: _____ To: _____	
				6. Clearance Order Issue Date _____	
				Job Order Expiration Date _____	
7. Preferred Crew Leader/Worker's Name and Address		Social Security Number _____		Leader's Functions Supervises <input type="checkbox"/> Yes <input type="checkbox"/> No Transports <input type="checkbox"/> <input type="checkbox"/> Pays <input type="checkbox"/> <input type="checkbox"/> Assumes OASI <input type="checkbox"/> <input type="checkbox"/>	
		Telephone Number _____			
				8. No. & Type of Workers Requested Total Number _____ No. Individual _____ No. Family _____	
9. Wage Rates, Special Pay Information and Deductions					
Crop Activity	Flat Rate (i.e., hr. wk.)	Piece Rate	Unit	Est. Hourly Rate Equiv.	C/L Wage Rate
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
(See attachment no. _____)					
10. Anticipated Hrs. of Work					Per Week _____
					Normal Hours Per Day Sun _____ Mon _____ Thur _____ Tue _____ Fri _____ Wed _____ Sat _____
11. Job Specifications (If additional space is needed, please use separate sheet of paper or reverse of form)					

12. Location and Direction to Work Site (See attach. no. _____)		13. Board Arrangements (See attachment no. _____)																			
14. Location and Description of Housing  Employer assures the availability of no cost or public housing which meets the full set of applicable standards. (See attach. no. _____)		Number and Capacity of Housing Units <table border="1"><thead><tr><th colspan="2">Barracks</th><th colspan="2">Family Units</th><th colspan="2">Single Rooms</th></tr><tr><th>No.</th><th>Total Cap.</th><th>No.</th><th>Total Cap.</th><th>No.</th><th>Total Cap.</th></tr></thead><tbody><tr><td colspan="6">Authorized Capacity _____</td></tr></tbody></table>		Barracks		Family Units		Single Rooms		No.	Total Cap.	No.	Total Cap.	No.	Total Cap.	Authorized Capacity _____					
Barracks		Family Units		Single Rooms																	
No.	Total Cap.	No.	Total Cap.	No.	Total Cap.																
Authorized Capacity _____																					
15. Referral Instructions (See attach. no. _____)		16. Collect Calls Accepted By Employer <input type="checkbox"/> Yes <input type="checkbox"/> No By Order Holding Office <input type="checkbox"/> <input type="checkbox"/>																			
17. Transportation Arrangements (See attach. no. _____)		18. Distribution of Clearance Order																			
19. Address of Order Holding Office (Include Telephone Number)		20. Employer's Certification: This job order describes the actual terms and conditions of the employment being offered by me and contains all the material terms and conditions of the job. Signature _____																			
Name of Agency Representative (Include Telephone Number)		Title _____																			

Person are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondents obligation to reply are Mandatory (PL 97-300), 29 USC 49). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Employment Service, U.S. Department of Labor, Room N-4456, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0134).